N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in blain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important: See instructions on back of certificate. PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS A FOR RESERVED MARGIN W. B. No. 1.

	PLACE OF DEATH 6445	STATE OF MARYLAND
-	Consell 1	CERTIFICATE OF DEATH
C	ounty Carlot	Registration Dist. No.
	a Ministra	
٧	iliage or City/WW WMan (No.	St.; Ward) [It death occurred in a hospital or institution.
.5		give its NAME Instead
1	Edward Le	www (Backman of street and oumber.)
	FOLL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 S	EX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH MAN 14 1013
1/1	rale White Married (Write the word)	(Month) (Day) (Year)
11	1 all (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	Jan 1 , 1912, to May 1 4 th, 1913,
	dlee. 24, 1844	that I last saw h see alive on May 13 ,1913
T A	(Month) (Day) (Year) GE If LESS than	/ 00
. A	de 1 dayhrs.	and that death occurred on the date stated above, atm,
	68 yrs. 9 mos. 40 ds. OR. mio.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	Grinisas.
	Frade, protession, or Murchant Return 20%	282
(b) Geoeral nature of industry,		***************************************
bus	iness, or establishment to	(Duration) 2 yrs. — mos. — ds.
	ich empioyed (or empioyer)	Contributory Thehiers & Cardina Compliant
(\$	tate or country) Carroll les	(Secondary) (Deration)
	10 NAME OF FATHER Steam it Backens	(Signed) Sa & White hier, M. D.
ITS	11 BIRTHPLACE OF FATHER (State or country) Parall Par	May 4, 1913 (Address) Lew Mindson Mil
ENT	400000	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
AR	OF MOTHER MARE	TAL, SUICIDAL, OF HOMICIDAL.
Δ.	may maymas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER P	At place to the
14-	(State or country) (arrow (CO) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of death?
	(Informant) Maldislea Backman	Former or usual residence
	(Address) hew Windson Md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(NUUI GOO)	Winters cometary May 17, 1913
	ed May 16, 1913 f. Odward West	20 UNDERTAKER ADDRESS V
FII	Lord Registrar	HBankund Von hou Minden
	If more blanks are needed, address State Registran	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
		769 27

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second cases, especially in industrial employments, it is necwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulcausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiemployed, as At school or At home. Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) Foreman, (b) Automobile factory. The For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphthcria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is iddefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cbildbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"(Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerpreal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head (disease causing death), 29 de.; "Dropsy," "Exhaustion," (name origin; "Can-The nature of the Never report



PLAGE OF DEATH 6446	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH Registration Dist. No. 23
Village or City Palefraics (No	St.; Ward) [If death occurred least hospital or institution give its NAME instead of street and number.]
FULL NAME James 1, 103	easm ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
marke which whomed whomed which when were	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH May (Month) (Day) (Year)	may 1 = 1913, to mey 9 1, 1913 that I last saw h mm. allve on 100 9 1, 1913
FAGE If LESS than 1 day, hrs. 3 ds. OR min. ?	and that death occurred on the date stated above, at 4 P, m The CAUSE OF DEATH* was as follows: Pleum Preumon:
(b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Baltimore Country Ma	Contributory Heart Scales Suble (Secondary) Walvilar Suble
10 NAME OF HENRY C. Beam.	(Signed) Jasth Wilson M. D. (Address) Fowbles Durg
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 11 BIRTHPLACE OF MANUAL MANU	*State the DISEASE CAUSING DEATH, or, in deaths from Victoria CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death
(informant). Ratie Fouble	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Palfraico Filedney 10, 1913	Comory Chaful May 11, 1913 20 UNDERTALES C ADDRESS
If more danks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second additional line is provided for the latter statement the nature of the business or industry, and therefore ar essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman," Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Tuerpheal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." ample: Measles (disease causing death), 29 ds.: etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Exture of the American Medical Association.) "Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ger" is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," 'l'raemla," "Weakness," (name origin; "Can Examples:



BINDING MARGIN RESERVED. FOR

W. B. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

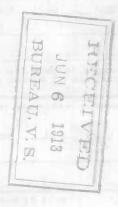
PLACE OF DEATH 6447	948 STATE OF MARYLAND
some Room Il	CERTIFICATE OF DEATH
County Carroll	Registration Dist. No. 26
Village or City Stone Chapel (No.	St; Ward) [It death occurred in a hospital or institution, give its NAME instead
FULL NAME Matilda Ans	et street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored Single, Married Wishowed, ORDIVORCED (Write the word)	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Saw for 191 to May 1 , 1913,
(Month) (Day) (Year)	that I last saw h. L.h. alive on 11 11 at 12 4, 1913
7 AGE If LESS than	and that death occurred on the date stated above, at 5 m,
about 60 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
a) Frade, protession, or Housewife	following a camplications
particular kind of work	of olisea sec
business, or establishment in which employed (or employer)	(Duration) yrsmosds.
State or country) Frederick Co. Md.	Contributory (Secondary) (Daration) yrs mos ds.
10 NAME OF Alfred Smith	(Signed) St. Shiples M. D.
11 BIRTHPLACE OFFATHER (State or country) rederick bo. Md.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother Mary Anne loole	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Mot Known	At place In the ot death yrs mos ds. State yrs, mos ds.
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
(informant) John Baile	Former or usual residence
(Address) Stone Chapel ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May -9-1913 Elwn Hopman	Mestern Chapel may 1 - 191.3. 20 UNDERTAKER ADDRESS
REGISTRAR	H. B. ankardson, Wellminster Ind.
II more Dianks are needed, address State Regis train	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 da.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-The nature of the For VIO-



Very 6448 CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No ... St :----Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement 16 DATE OF DEATH S SINGLE, 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. (Year) (Day) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR mln. ? properly BOCCUPATION (a) Frade, protession, or particular kind of work (b) General nature of industry, pe business, or establishment to (Duration)vrs. mos msy which employed (or employer) certificate. 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF (Signed). FATHER 80 0 back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL piain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE OF MOTHER __ At place io the (State or country ot death _____ yrs. ___ mos. ___ ds. State yrs, mos.; ds. DEATH Where was disease contracted. it out at place of death?. Former or P osual residence. mportant. 19 PLACE OF BURIAL OR REMOVAL ls. DATE OF BURIAL CAUSI 15 20 UNDERTAKER DDRESS m REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

STATE OF MARYLAND

fit death occurred in

a hospital or institution.

give IIs NAME lostead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, cated thus: Farmer (retired 6 yrs.). "Manager," "Dealer," etc., without more precise speciit should be used only when needed. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of iiibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; the nature of the business or industy; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfuiessary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAU, V. S.

BINDING ESERVED 1 MARGIN

OCCUPATION PHYSICIANS RECORD 00 statement PERMANENT stated classified. pe 0 properly AGE carefully supplied. pe may that 80 of pe back terms, should plain Information = EATH See jo 0 Item OF mportant. Every Ite

certificate.

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Instructions

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STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ilt death occurred in St: Ward) a hospital or Institution. give its NAME lostead ot street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. MARRIED, WIDOWED, (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Year) (Day) 7 AGE If LESS than t day hrs. OR 7 BOCCUPATION (a) Frade, protession, or particular klod of work (b) General nature of industry, business, or establishment in which employed (or employer) Contributory State or country) (Secondary) Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in/deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. State yrs, ____ mos. ds. Where was disease contracted. It oot at place of death?. Former or usual residence... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). Hess. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. It should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrcbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc.. Carcinosis carcinosis described and control of the con

cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 da.; ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the "Hart fallure," "Haemorrhage," "Inanitlon," "Marasthenla," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis mere symptoms or terminal conditions, such as "Asuant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .. is less definite; avoid use of "Tumor" for mails. The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-

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BUREAU, V.S.

OCCUPATION IS pinous PHYSICIANS RECORD of EXACTLY. BINDING Exact classified pe pino properly supplied. be ERV may certificate. that 80 0 MARGIN pe back terms, pino 6 plain instructions Information EATH IN P Item OF Every Item CAUSE OF Important.

Very

6450 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. I If death occurred la a hospital or Institution, give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, 4 COLOR OF RACE MARRIED, WIDOWED, (Month) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * . was as follows: OR mio. ? mos ds. BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE Contributory (State or country) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE (Address).... RENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN. 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIPAL. .. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) mos. Z.Z ds. State / Where was disease contracted, If not at place of death? osual residence. OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness, of various pursuits can be known. The question tion is very important, so that the relative mealthfuiwho have no occupation whatever, write None. been changed or given up on account of the piscase Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not minc, etc. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer or Planter, As examples: 9

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Purperral septichaeaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of ... such, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 da.; ver" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for For VIO-

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BUREAU, V. S.

CERTIFICATE OF DEATH Camoll 0 4 Gounty..... shoul OCCUPATION Registration Dist. No Ilf death occurred in PHYSICIANS St:----Ward) a hospital or institution. RECORD give its NAME jostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. BINDING ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from Exact 6 DATE OF BIRTH classified. (Month) (Day) (Year) be 7 AGE If LESS than and that death occurred on the date stated above, at 9,00 pinode t day,hrs. OR mio. ? properly 6 OCCUPATION (a) Frade, profession, or RESERVED particular kind of work (b) General nature of Industry, supplied. pe business, or establishment in may which employed (or employer) ----certificate. Contributory..... 9 BIRTHPLACE (State or country) (Secondary) that 10 NAME OF FATHER (Signed) 0 back 11 BIRTHPLACE terms, ARENT OF FATHER (State or country) phould *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE DEATH In At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ____ mos. ___ ds. Where was disease contracted. If not at place of death? Jo Former or OF usual residence mportant. OR REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS GISTRAR If more blanks are needed, address State Regis fran, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

6451

PLACE OF DEATH

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary Arcman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease. It is a same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failnre," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhanstion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (disease causing (name origin; "Candeath), 29 ds.; Examples:



should OCCUPATION PHYSICIANS RECORD of statement NEN BINDING classifled. pe pino properly supplied. be may 日の日 that 80 o MARGIN terms, in back should PLAINLY plain Instructions nformation 2 EATH WRITE PE OF mportant. Every ite

certificate.

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1 PLACE OF DEATH 6452 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Village or City a hospital or institution, give its NAME instead ot street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 AINGLE. 3 SEX 4 COLOR OF RACE MARRIED WIDOWED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE if LESS than and that death occurred on the date stated above, a 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE (State or country) (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) FNI OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRI MY KNOWLEDGE It not at place of death? usual residence. F BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADORESS REGISTRAR If more blanks are needed, address State Registrar E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second gainfully employed as At school or At home. Care should be taken to report specifically the occupations Grocery; (a) Forengan, (b) Automobile factory. additional line is provided for the latter statement; it should be used only when needed. As examples: who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a de nite salary), may be entered as duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Gotton mill; (a) Salesman, the nature of the business or industry; and therefore an essary to know (a), the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc., But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housen Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never ork, or At Home, and children, not For persons

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts er" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Whooping cough; Chronia oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Candeath), 29 ds.

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JUN 5 1918
BUREAU, V.S.

County Carrell 6453	CERTIFICATE OF DEATH
July 1118	
1 1/4	Registered No. 78
Village or City West Falls (No.	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Slorge Tulden	de Orgen
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Magnish, Magnish Wildowso, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH / - 28 ,1846	May 15- 1913 to Thay 14 - 1913
(Month) (Day) (Year) AGE	and that death occurred on the date stated above, at 11.245 Am, The CAUSE OF DEATH* was as follows:
(a) Trada, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Manyland	(Duration) 3 yrs. mos. ds. Contributory Bright Disease (Secondary) (Duration) 2 yrs. mos. ds.
10 NAME OF FATHER ALL COLORS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER UNKnown	(Signed) Edwin D Conk , M. D. May 19 , 1913 (Address) Winfield Genell Co *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) Asserbaire Signal Miles	Where was disease contracted, If not at place of death? Former or usual residence
Filed Max 19, 1913. Jacob Farm,	Bethany M. E. S. Censley May - 21-, 1913. 20 UNDERTAKER M. Watt. Unitiels-W

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. dutles of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-It should he used only when needed. As examples additional line is provided for the latter statement; the nature of the business or industry, and therefore an ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, material worked on may form part of the second (a) Spinner, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, Irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from huslness, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal tever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may he stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarrlage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not he stated unless important. valvular heart discase; Chronic interstitial nephritis. which surgical operation was undertaken. genital," "Senlle," etc.), "Dropsy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 State cause for "Exhaustion," Examples: For vio-

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BUREAU, V.S.

7. S. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

Village or City Houcksville (No. 2 FULL NAME Samuel Else	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Space (Write the word) 3 SEX 4 COLOR OR RACE MARRIED. Whose Company of the Word Write the word)	18 DATE OF DEATH May 15-, 19123 (Month) (Day) (Year) 17 I HEREBY CERTIPY, That I attended deceased from 21 3 2 2 4 5 6 8
august 7 , 1847	2 She 15- 3
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at B. m.
(Q Q 1 day,hrs.	The CAUSE OF DEATH* was as follows:
mos. O ds. ORmilo. ?	Believe Jever - Januarce
(a) Frade, protession, or particular kilod of work	Commoling in Brocks
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 28 ds.
BIRTHPLACE (State or country) Maryland	(Secondary) (Deration)
10 NAME OF Juliu Elsevad	(Signed) H & Well, M. P.
11 BIRTHPLACE OF FATHER (State or country) May land 12 MAIDEN 12 MAIDEN OF MOTHER OF MOTHER	*State the Disease Causing Death, or, on deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
of Mother Julia a Taylor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Manyland	At place in the ot death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It oot at piace of death?
(Informant) Collinary (Informant)	Former or usual residence
(Address) Hampstead Md	19 PLACE OF BURIAL OF REMOVAL TOATE OF BURIAL
16	mesley Chapel May 17, 1913
Filed May 6 1913 REGISTRAR	VI Tistin I for Hampston
If more blanks are needed, address State Registra	r, 6 E. Frankijn St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; applies to each and every person, irrespective of age. Who have no occupation whatever, write None. ness. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diseumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonacum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puereral septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 cs.; affection need not be stated unless important. "Contributory." "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Ohronio interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mallgoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can-Never report For VIO-



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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For p who have no occupation whatever, write None. Grocery; (a) Foreman, (b) Automobile factory. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is necthe nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head ture of the American Medical Association.) "Contributory." injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State chidbirth or miscarriage, as "Puerperal septichaecause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Candeath), 29 Examples: cause for For vio-



RECORD PERMANENT BINDING FOR UNFADING INK-THIS RESERVED MARGIN PLAINLY, WITH

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3 SEX	PERSONAL AND STATISTICAL PARTICULA		
3 SEX		RS	MEDICAL CERTIFICATE OF DEATH
une	4 COLOR OR RAGE SINGLE, MARRIED, SWIDOWED, ORDIVORCED (Write the wor	rd)	16 DATE OF DEATH (Month) (Day 17 I HEREBY CERTIFY, That I attended dece
6 DAT	TE OF BIRTH Grack- Date un		May 21, 1913, to may 25
7 AGE	(Month) (Day	(Year)	that I last saw h malive on May 25
AGE	45 ds.	If LESS than t day,hrs. ORnin. ?	The CAUSE OF DEATH* was as follows:
9 BIR	ess, or establishment in Escuent Place (or employer) Escuent Place (State or country) Escuents Grant		Contributory Secondary
1	10 NAME OF FATHER	" A Court	(Signed) (Duration) yrs mos
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	, ires	*State the DISEASE CAUSING DEATH, or, in deaths from
PARE	12 MAIDEN NAME OF MOTHER LIOT / Ly MAI	0-14	CAUSES, State (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TR
	13 BIRTHPLACE OF MOTHER (State or country) wot / Leon	wa	At place in the of death yrs, mos ds. State yrs, mos
	TE ABOVE IS TRUE TO THE BEST OF MY KNOWL	EDGE	Where was disease confracted, If not at place of death? Former or usual residence
	(Address) Zwifore Bride &	2110	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR

If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

6456

STATE OF MARYLAND CERTIFICATE OF DEATH

, 1913. (Year)

ased from ..., 191.3., ..., 191.3

M. D.

VIOLENT ACCIDEN-

1 PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neccated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-(a) Spinner, essary to know Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. who receive a definite salary), may be entered as Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," If the occupation has "Foreman," -Coal (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefidite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Mcastes (disease causing death), 29 ds.; affection need not be stated upless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for mallg-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of State cause for For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT V. S. No. 1.

MARGIN RESERVED FOR BINDING

	(Hear) 21 . Da 10.	Registered No.
Vi	2 FULL NAME 6 Larles Non	St; Ward) [If death occurred e hospital or institution give its NAME insternation of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SE 2	Walk White Single, Malk White Single, Marrieo, Midwee, OR GIVORCEO (Write the word)	18 DATE OF DEATH May 3, 191.3 (Month) (Day) (Year) 17 HEREBY CERTIFY, That attended deceased from
8 D A	10 30 ,1912	Mar, 20, 1913, to May 3, 1913
	(Month) (Day) (Year) F	that I last saw h malive on May 3 , 1913.
AG	yrs. 6 mos. 3 ds. OR min.?	and that death occurred on the date stated bove, at
(a) part	CUPATION Trede, profession, or icular kind of work	Mhooping Cough
busir	General nature of Industry, ness, or establishment in h amployed (or amployar)	(Duration) yrs5mosds
(St	RTHPLACE ate or country) Frederick Go Uld	(Secondary) (Secondary) (Ouration) (Ouration) (Ouration) (Ouration)
	10 NAME OF Charles. Hairs	(Signed) OB Stone MA J. X. Legg called
ENTS	of FATHER (State or country) Fraderick So 248	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	of MOTHER Many Acres	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country) Firsterick Co. 2nd	OR RECENT RESIDENTS) At place In the of death yrs
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or
	Informant)	usuai residence
	(Address) Zlecion Bridge 2nd	Mountain View Com May 5 1915

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite mine, etc. fication, as Day laborer, Farm laborer, Laborer the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," salary), may be entered as For persons "Foreman,"

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N. B. No. 1.

N. B.

		state	1
	RECORD	PHYSICIANS should of OCCUPATION IS	
No. 1. MARGIN HESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very	Important. See instructions on back of certificate.
Z		MO	-

	1 PLACE OF DEATH 6458	947 STATE OF MARYLAND
	County learnall	CERTIFICATE OF DEATH Registration Dist. No. 76
	Village or City Bird Vill (No.	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead
V	2 FULL NAME Edua May Ha	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jess 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDINARCE (Write the word)	16 DATE OF DEATH May 1913
	6 DATE OF BIRTH ADLC (Month) (Day) (Year)	that I last saw h allys on, 191, 191
	TAGE If LESS than 1 day,hrs. ORmin.? COCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry, business, or establishment lo which employed (or employer)	and that death occurred on the date stated above, at 7.300 m, The CAUSE OF DEATH* was as follows: Dall from a Revology Paring Through the Jearh Suicial (Duration) yrs. mos. ds.
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 2 Maiden NAME 12 MAIDEN NAME 12 MAIDEN NAME	Contributory (Secondary) (Ouration) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Address)
	(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) (State or country) (State or country) (State or country)	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
	(Informant) Emana J Nichols (Address) And Hell Mel	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	Flort Man 9 1913 Stationers	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

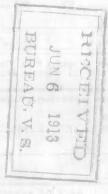
REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

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WRITE

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RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIAN DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUP
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should state

6459 STATE OF MARYLAND Very CERTIFICATE OF DEATH IS should is Registration Dist. No. a hospital or Institution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARTICULARS PERSONAL 18 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH man (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory.... certificate. (Secondary) 10 NAME OF of back 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-0 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death 4 yrs. mos. 3 State yrs. ____ mos. Where was disease contracted. If not at place of death?. Every Item CAUSE OF Important. S usuai residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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should be taken to report specifically the occupations who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfuibeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not minc, etc. it should be used only when needed. the nature of the business or industry, and therefore an essary to know first line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman," For persons

Statement of cause of death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc., Carcinbosis of lungs, peritonaeum, etc., Carcinb

mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERPERAL septichae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mallsoma. Sarcoma. etc., of ... The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-Never report Examples: For VIO-



		should state
	RECORD	PHYSICIANS SP
OZIQZ	PERMANENT	stated EXACTLY.
ED FOR B	IK-THIS IS A	AGE should be properly classified
RESERVE	UNFADING IN	that it may be certificate.
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully augeness. CAUSE OF DEATH in plain terma, so that it main important. See instructions on back of certificate.
7. S. No. 1.	WRITE	N. B.—Every item of information should be carefully aupplied. AGE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

C	ounty Carrole	CERTIFICATE OF DEATH Registration Dist. No. 74
V	iliage or City Lykesvelle (No. Phring) FULL NAME Leah Hitchco	a hospital st; Ward) a hospital or Institution
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	ex 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH Mag (Month) (Day) (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 D	Month (Day) (Year)	May 162, 1911, to May 172, 1913 that I last saw h l alive on May 174, 1913
7 A C	78 yrs	and that death occurred on the date stated above, st 10.10 a.m. The CAUSE OF DEATH* was as lollows: Seneral arterio-scleroses
(a) pai (b) bus whi	Prade, profession, or ricular kind of work. General nature of industry, iness, or establishment to ch employed (or employer) IRTHPLACE tate or country) Md.	Contributory Cerebral Softening and (Secondary) Congretion (Deration) - yrs - mos 20 gs
ARENTS	10 NAME OF FATHER Asel Hitchcock 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME ()	(Signed) John Morfolk Morris , M. D. May 17 ² , 191 ³ (Address) S. S. Hopf Paperalle Ma *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PA	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place 2 In the of death 2 yrs, mos, ds. State 78 yrs, mos, ds.
14 T	(Informant) Thomas Titchcock	Where was disease contracted, Faculton, Harford Co. Md If not at place of death? Former or usual residence. Faculton, Harford Co. Ma
16 File	(Address) Fallston, Narford Co. Md. ed May 18, 1913 W. W. Hills REGISTRAR DIf more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL Pallston Med May 8, 1913 20 UNDERTAKER ADDRESS AND WEST STREET OF BURIAL ADDRESS ADD

[Approved by U. 8. Census and American Public Health Association.]

"Grocery; (a) Foreman, (b) Automobile factory. The nine, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers material worked on may form part of the second who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise speci-It should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, essary to know first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) return "Laborer," If the occupation has As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease is a same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," affection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig-The contributory (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-Examples: For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR MARGIN RESERVED V. S. No. 1.

PLACE OF DEATH 6461	STATE OF MARYLAND CERTIFICATE OF DEATH
County Campel Mas	Registration Dist, No. 75
Village or City disct (No	St.; Ward) Halebaugh St.; ward) If death occurred in a Mospital er institution give its NAME justeat ef street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WISOWED, ORDIVERCED (Write the word)	16 DATE OF DEATH THE STATE OF DE
CAPAL 2 (Day) (Year)	that I last saw h DT alive on May 16 ,1963
7 AGE 11 LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Frade, profession, or particular kied of work. (b) Geoeral nature of Industry, business, or establishment to which employed (or employer)	Subject (Ouration) Gyracel mos ds
9 BIRTHPLACE (State or country) County by	(Secondary) Stores (Doration) Contributory Enlargement & Leant and Gall (Secondary) (Doration) yrs. mos. ds.
11 BIRTHPLACE	(Signed) May 16, 1913 (Address) May 16, 1913 (Address)
11 BIRTHPLACE OF FATHER (State or country) Maknown 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) tuknown	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos ds. State yrs, mos ds.
informant) Mary Eller Shorter	Where was disease contracted, it oot at place of death? Former or usual residence
(Address) Hampslead Md 15 Filed 5/17, 1913, J. G. Baltoger REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Speemmount Md May 172, 1913. 20 UNDERTAKER ADDRESS Dacol Stink Ed Son Manchester
If more blanks are needed, address State Registrat 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers additional line is provided for the latter statement who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Giocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causation with respect to the and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

which surgical operation was undertaken. For viocause of death approved by Committee on Nomencla mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaccause. Always qualify all diseases resulting from "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 de.; affection need not be stated unless important. ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ "Hart fallure," "Haemorrhage," "Inanition," "Maraster" is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-Examples:



MARGIN RESERVED FOR BINDING

N.B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS

county Garroll Go	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 76
Village or City Westminuter (No.	St.; Ward) [It death occurred is a hospital or institution give its NAME losteat of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, Married While S DATE OF BIRTH Cot (Month) (Day) (Year) TAGE 4 COLOR OR RACE MARRIED, Married Widowed, OR DIVORCED (Write the word) (Write the word) (Year)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That attended deceased from May 22, 1913, that I last saw h im alive on Most 22, 1918.
1 day,	The CAUSE OF DEATH* was as follows: Contributory (Secondary)
Filed 2 5 May 1913 Celivin Marives REGISTRAR	Backmen May 26, 1918 20 UNDERTAKER ADDRESS HBanhard Fern Westminster
if more blanks are needed, address State Registral	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should he used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulmaterial worked on may form part of the second Civil engineer, Stationary freman, etc. But in many first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman," (4)

Statement of cause of death—Name, first, the diberal Causing death—Name, first, the diberal Causing death—Name, first, the diberal Causing death and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid diberal pneumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may he stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEBPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puterenal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Can-"Exhaustion," Examples:



Village or City I glesville Village or City I glesville PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE PERSONAL AND STATISTICAL PARTICULARS WEDICAL TOTAL TOTAL WINDOWS (NORDIVENCED (Write the word) TAGE 11 LESS hars 12 OR. min. ? OCCUPATION (a) Frace, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) PAHE 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE (STATHER OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 BIRTHPLACE (STATHER (S	state	PLACE OF DEATH 6463	STA CERT
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE SINGLE CHARLE White CHARLE CHARL	5 0 C	age or City Lykesville (No. Yrungfue	R
SEX 4 COLOR OR RACE WARRIED, Windowson, ORDINGGEO (Write the word) 6 DATE OF BIRTH MARNOWN 1870 (Month) (Day) (Year) 11 LESS that and that death occurred of 1 day, hrs. OR	H =		MEDICAL (
**State the Dibease of Months of Mon	3 5	4 COLOR OR RACE 5 SINGLE, MARRIED, WISOWED, Junale	PATE OF DEATH
11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) 15 BIRTHPLACE OF MOTHER OF MOTHER (State or country) 16 LENGTH OF RESIDENCE OF RECENT RESIDENCE OF MY KNOWLEDGE (informant) 16 LENGTH OF RESIDENCE OF RECENT RESIDENCE OF MY KNOWLEDGE (informant) 17 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (informant) 18 LENGTH OF RESIDENCE OF RECENT RESIDENCE OF MY KNOWLEDGE (informant) 19 LENGTH OF RESIDENCE OF RECENT RESIDENCE OF MY KNOWLEDGE (informant) 19 LENGTH OF RESIDENCE OF RECENT RE	F A (a pa (b) bus whi	Month (Day) (Year) that (Month) (Day) (Year) it LESS than 1 day,hrs. ORmin.? UPATION ade, profession, or ular kind of work or establishment in employed (or employer) CHPLACE e or country) Vingary NAME OF NAME OF That CMARTOWN CONTROL OF COUNTRY That THA	I last saw h Al ally ally that death occurred on CAUSE OF DEATH* was ally ally ally ally ally ally ally al
(Address) Tykesville Carrolles. Tha. 19 PLACE OF BURIAL OR 15 Filed Mary 30 1913 W.W. Patter 20 UNDERTAKER	DARENTS 12	Selection Country) Hungary Barthplace (State or country) Hungary Barthplace OF MOTHER Unknown Berthplace OF MOTHER (State or country) Hungary At pla of dear of dear of the Best of My knowledge of Mornant Manager (Address) Lykewille Carrolles. That. (Address) Lykewille Carrolles. That.	State the DISEASE CAUSURES, state (1) MEANS L, SUICIDAL, OF HOMICE ENGTH OF RESIDENCE RECENT RESIDENCE OF BURIAL OF ENGLANCE OF THE PROPERTY OF THE

6463

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.	No.
St.;Ward)	[if death occurred in a hospital or institution, give its NAME instead
	of street and number.]

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH May 29th, 1913. (Month) (Day) (Year)
17 HEREBY CERTIFY, That I attended deceased from February 16 1910, to May 29 3, 1913, that I last saw h M alive on May 29 3, 1913
that I last saw h M alive on May 29 3 ,1913
and that death occurred on the date stated above, at 3./5 P. m.,
The CAUSE OF DEATH* was as follows:
01
Gulmonary Suberculosis
Unknown (Duration) yrs. mos. ds.
Contributory Tubercular Enteritis (Secondary)
(Deration)yrs mes 25 ds.
(Signed) John Morfolk Morris., M. D. May 29th, 1913 (Address) S. S. Hosp Cykerolle, Md.
may 29th, 1913 (Address) S. S. Hosp Sakesolle, Md.
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place 3 was 3 mas /3 de State
Where was disease contracted, Aluknown.
Former or Balto City, Md.

If more blanks are needed, address State Registrar & E. Franklin St., Balto., Requesting V. S. No. 1.

ADDRESS

[Approved by U. S. Census and American Public Health
Association.]

(a) Spinner, It should be used only when needed. ness. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal scptichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (name origin; "Can-For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

Village or City Aprevelle (No. 2) *FULL NAME Mohlow M	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 74 St.; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SINGLE, MARRIED WIDOWED WIDOWED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	18 DATE OF DEATH May Month) Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from 22, 1913, to May 70, 1913, that I last saw ham alive on May 70, 1913
TAGE It LESS than 1 day,	and that death occurred on the date stated above, at 11:48 am. The CAUSE of DEATH* was as follows: Contributory (Secondary) (Beration) (Beration) (Signed) (Sign
(Address) (Address)	Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER ADDRESS ADDRESS LEGENDAL ADDRESS ADDRESS ADDRESS LEGENDAL ADDRESS ADDRES

[Approved by U. S. Census and American Public Health
Association.]

material worked on may form part of the second cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not mine, etc. Statement of occupation-Precise, statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Puteretal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and quality as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., oI _ nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of etc. State cause for (name origin; "Can-For vio-



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6465 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. a hospital or institution. give its NAME instead ot street and number. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, SEX COLOR OB RACE MARRIED. WIDOWED (Month) (Day) ORDIVERSED (Write the word) I HEREBY CERTIFY, That attended deceased from 6 DATE OF BIRTH (Year) (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. OR nin. ? BOCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE At place in the OF MOTHER (State or country Where was disease contracted BEST OF MY KNOWLEDGE It not at place of death? usual residence... 19 PLACE OF BURIAL OR REMOVA 15 20 UNDERTAKER ADDRESS REGISTRAR

if more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus Farmer (retired 6 yrs.). ness. If retired from business, that fact may be indi-CAUSING BEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations of persons edgaged in domestic service for wages, as gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Forenian, (b) Automobile factory. it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, the nature of the business or industry, and therefore an additional Mule is provided for the latter statement; Phop been chan Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laboreressary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For ness of various pursuits can be known. The question tion is very important, so that the relative Mealthfulfirst Statement of occupation-Precise statement of occupamany occupations a single word or term on the es to each and every person, irrespective of age. enginger, Stationary fireman, etc. But in many line will be sufficient, e. g., Farmer or Planter, cian, Compositor, Architect, Locomotive engineer, ed or given up on account of the nisease Women at home, who are engaged in the As examples: For persons

Statement of cause of death—Name, first, the nisease causing nearm (the primary affection with respect to time and clusation), using they as the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver, wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from "Contributory." Accidental drowning; Struck by railway train-accietc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of __ The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can-State cause for Examples: For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURDAU, V.S.

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. fif death occurred in -Ward) a hospital or institution. give its NAME instead et sfreet and oumber. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS S BINGLE. SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Dav) Write the word) I HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at... 1 day hrs. OK......? BOCCUPATION (a) Frade, profession, or parlicular kind of work (b) General nature of Industry, business, or establishment la (Duration) which employed (or employer) Contributory State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE ENT OF FATHER (State or country) State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) In the yrs. mos. State yrs, mos, ds. Where was disease contracted, If not at place of death?. usual residence.

ADDRES

REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second (a) Spinner, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salcsman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., scpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUEEPEEAL peritonitis," etc. State cause for ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measics affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 da. Never report

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JUN 5 1918
BUREAU, V. S.

6467 STATE OF MARYLAND PLACE OF DEATH state CERTIFICATE OF DEATH 103 PHYSICIANS should of OCCUPATION IS Registration Dist. No.... Ilf death occurred in Village or City... a hospital or institution. RECORD give its NAME instead of street and oumber. ? FULL NAME MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS statement ENT 16 DATE OF DEATH COLORORACE 6 SINGLE. MARRIED. WIDOWED, Month) (Write the word) ZOZ I HEREBY CERTIFY, That attended deceased from Exact 6 DATE OF BIRTH classifled. that I last saw h. (Month) (Day) (Year) 0 pe TAGE If LESS than and that death occurred on the date stated above, at pino 1 day hrs. The CAUSE OF DEATH * was as follows: OR min. ? properly BOCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of Industry, supplied. be business, or establishment in which employed (or employer) may Contributory. certificate. 9 BIRTHPLACE (State or country) (Secondary) 1 that 10 NAME OF FATHER 0 of back 11 BIRTHPLACE (Address) terms, OF FATHER (State or country) should AREN' State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-UO 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. plain OF MOTHER instructions Information 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country) EATH Where was disease contracted 14 THE ABOVE IS TRUE BESTOF MY KNOWLEDGE If not at place of death? of Q Item OF usual residence. Important. 19 PLACE OF BURIAL OR REMOVAL Every 15 20 UNDERTAKER ADDRESS M REGISTRAR If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

At should he used only when needed. As exam. (a) Spinner, (b) Cotton mill; (a) Saleşman, Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ilibeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question Housewife, Housework, or At Home, and children, not fication, as Day laborer, Farm laborer, Laborerstatement. the nature of the husiness or indust;; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfuimine, etc. essary to know (a) the kind of work and also (b) Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (0)

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SIGIANS should state OCCUPATION Is very Caurll PHYSICIANS RECORD 0 statement PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE 3 SEX 4 COLOR OR RACE (Write the word) Exact 6 DATE OF BIRTH ciassifled. that I last saw h day, alive (Day) (Month) (Year) pe If LESS than 7 AGE 1 day, hrs. OR min. ? properly 6 OCCUPATION AG (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of industry. business, or establishment in may which employed (or employer) that it ma 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF (Signed) FATHER 80 9 be 1913 back 11 BIRTHPLACE (Address) terms, FNA OF FATHER (State or country) 00 AR 12 MAIDEN NAME plain OF MOTHER EATH in plain information OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death I yrs. mos. ds. Where was disease contracted. 14 THE ABOVE IS THY THE BEST OF MY KNOWLEDGE If not at place of death? See 이 (Informant) item OF usual residence important. Every it 15 8

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

StWard)

[If death occurred in a hospital or institution. give its NAME Instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH (MonVa) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at ... The CAUSE OF DEATH * was as follows: *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS In the State yrs. mos. DATE OF BURIAL ADDRESS If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

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N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 S FOR UNFADING INK-THIS RESERVED MARGIN WRITE PLAINLY, WITH

V. S. No.

PLACE OF DEATH 6469	STATE OF MARYLAND
County Carrell	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Church Bridge (No. 2FULL NAME & lizabeth 6	St.: Ward) [If death occurred In a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Filmale While (Write the word)	16 DATE OF DEATH // / 2 , 1913 (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from May 5, 1913, to May / > 1913
(Month) (Day (Year)	that I last saw h er alive on May 12 ,1913
7 AGE 5-8 yrs 3 mos. 19 ds. OR	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Disbilis Mellilus
(b) General nature of Indusfry, business, or establishment in which employed (or employer)	(Duration) Lyrs mos ds
(State or country) Frederick lo Und	Secondary Secondary
10 NAME OF Savid Fragiers	(Signed) (Duration) yrs mos 3 ds
11 BIRTHPLACE OF FATHER (State or country) Frederick Go Und	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Matelds Marches	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Firsterick Con 2418	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease confracted, If not at place of death?
(Informant) Sizo 12 Sapping Con	Former or usual residence.
(Address) Luca Bridge Isld	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 15 1913 Leslie O. Ruph	20 UNDERTAKER ADDRESS
DEhitely AEGISTRAR	Fronte & Shriver Union Bride

If more blanks are heeded address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

. (a) Spinner, it should be used only when needed. Grocery; (a) Foreman, (b) Automobile factory. The duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an applies to each and every person, irrespective of age. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as For many occupations a single word or term on the been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association. cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," ctc.), "Dropsy," (Recommendations on statement of "Exhaustion," For VIO-



RECORD PERMANENT 0

CERTIFICATE OF DEATH SICIANS should OCCUPATION IS Registration Dist. No. PHYSICIANS Ilf death occurred la St .: Ward) a hospital or Institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, Sauce WIDOWED. ORDIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH & was as follows OR 7 8 OCCUPATION (a) Trade, profession, or Trons particular kind of work. pe (b) General nature of Industry. business, or establishment in may (Duration) which employed (or employer) Contributory BIRTHPLACE -Secondary (State or country) that certifi 10 NAME OF FATHER 80 50 back PARENTS terms. 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME plain Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) = 13 BIRTHPLACE In the OF MOTHER (State or country) DEATH of death yrs. mos. ds. State yrs. ____ mos. __ Where was disease contracted, See If not at place of death? Former or E OF Every Item CAUSE OF Important. usual residence (Address) 15 20 UNDERTAK REGISTR If more blanks are needed, address State Negistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

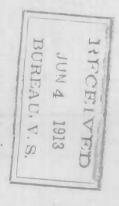
STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons return "Laborer," Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of For VIO-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Village or City Westmucsters.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 color or race 5 single, married wisower. Married (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
TAGE (Month) (Day) (Year) TAGE (Month) (Day) (Year) Tage (Month) (Day) (Year) If LESS than 1 day,hrs. ORmin.?	that I last saw hand alive on may 13 to 1913, and that death occurred on the date stated above, at 2 a.m. The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Performance (State or country) Carroll Co Mid	Contributory Islant failure (Becondary) (Buration) (Buration) (Buration) (Buration) (Buration)
10 NAME OF Thomas Cumott 11 BIRTHPLACE (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) / Lewry M. J. And M. D. (Signed) / Lewry M. J. And M. D. "State the Disease Causing Death, or, in deaths from Violunt Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Carrolles Ind	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds.
(Informant) Instruction of the Best of My Knowledge (Informant) Instruction of the Best of My Knowledge (Address Messing of the Best of th	Where was disease contracted, It not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL SI Johns Cathelie Que May 6,191.3 20 UNDERTAKER ADDRESS
Filed (ay 1913 REGISTRAR REGISTRAR If more blanks are needed, address State Registrar	James MI Stores Mesmenster

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekecpers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-USING DEATH, state occupation at beginning of ill-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc.. Carcinosis of lungs, meninges, periionaeum, etc.. Carcinosis

such, if impossible to determine definitely. Examples: sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Purpersal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 6 1918 BURDAU, V. S.

V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

CAMO	
PLACE OF DEATH 6472	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
Non 1	Registration Dist, No.
Village or City May berry (No	St; Ward) [It death occurred in a hospital or institution give its NAME instead of street and number.]
	MEDICAL GERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
male Mule S single, Married wisower, orgivorced (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	april 22 1913, to may 6 1913.
(Month) (Day) (Year)	that I last saw h to allye on may 6 1913
7 AGE If LESS than	T 50
65 yrs. 3 mos. // ds. or. min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or parficular kind of work. (b) General nature of industry,	Gerebral
business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 2 ds.
9 BIRTHPLACE (State or country) (Idones Co	Contributory (Secondary)
10 NAME OF Jacob Suider	(Signed) Signed
of FATHER (State or country) bound to bud	State the Disease Causing Death, or, in deaths from Violent
of Mother Bebecca Null	CAUBES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 SIRTHPLACE OF MOTHER (State or country) Carroll for Ind	At place In the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Cara Mutuer	Former or usual residence
Address Sancy toward	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed May 8, 1913 AJB Hagar	20 UNDERTAKER ADDRESS ADDRESS
pore blanks are needed, address State Registrar, 6 1	10701

[Approved by L. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iiiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborerniateriai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salcsman, (b) If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Is already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc..

mia," "PUERPERAL peritonitis," etc. ture of the American Medical Association.) such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc. of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for Examples: For VIO-



PLACE OF DEATH 6473	STATE OF MARYLAND
0. 11	CERTIFICATE OF DEATH
County Certification C/	Registration Dist. No. 74
Village or City Sy Kerrille (No Druis	Mat And Ward) [If death occurred in a hospital or institution, give its NAME instead
*FULL NAME alverta 7.	arbutton of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
FEX 4 COLOR OR RACE WIDOWED, OR DIVERCED (Write the word)	16 DATE OF DEATH May (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
G DATE OF BIRTH	that I last saw her allve on May 6th 1913,
(Month) (Day) (Year) AGE If LESS than	
1 day,hrs.	and that death occurred on the date stated above, at 6 - 30 9 m, The CAUSE OF DEATH* was as follows:
yrs. mos. ds. OR min.?	Hemorrhay from the Lowels very
8 OCCUPATION (a) Frade, profession, or particular kind of work	brotuse is Character at 10 PM
(b) General nature of Industry, business, or establishment in which employed (or employer)	5/6/13 (Duration) — yes mos Thours
State or country Lallat Co M	(Secondary) Lyphois fere in 1911 (Duration) yrs mos 10 ds.
10 NAME OF FATHER WILL TOWN	(Signed) Advance, M. D.
11 BIRTHPLACE	5-6-, 1913 (Address) Sykesville M.)
11 BIRTHPLACE OFFATHER (State or country) 12 Maiden Name OF Mother	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) /*	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INATITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death 2 yrs mos ds. State rs mos ds.
(Informant) Daspital Records	Where was disease contracted, if not at place of death? Former or usual residence. Vallo of Co. 200
(Address).	19 PLACE OF BURIAL OR REMOVAL DATE OF BETWAL
Filed May 7, 1913 WWASTEST REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS AND PORTION OF MINISTER OF MINISTER OF THE PROPERTY OF THE PROPE
more blanks are needed, address State Registra	r, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

vstatement. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer Groccry; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has minc, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-bosts of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association. cause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., of ... "Contributory." which surgical operation was undertaken. For vio-"Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 (secondary or intercurrent) (name origin; "Can-"Exhaustion," Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JUN 5 1918
BUREAU. V. S.

N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING MARGIN RESERVED FOR

PLACE OF DEATH 6474	STATE OF MARYLAND
count arroll	CERTIFICATE OF DEATH
Village or City Neshwuns Leno. Com	[If death occurred is a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month) (Day) (Year) 17 M I HEREBY CERTIFY, That I attended degeased from
6 DATE OF BIRTH / 13 , 182	1404 12 1913 to the 28 1003
(Month) (Day) (Year) AGE Sq. yrs. 3 mos. 2 ds. ORmin.?	and that death occurred on the date stated above, at // 43 m
SOCCUPATION (a) Trade, profession, or Particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) SEIRTHPLACE (State or country)	(Duration) yrs mos ds Contributory Instal ugur yration
10 NAME OF HOWH KNOW	(Signed) Sury M. Lity M. M.
OFFATHER (State or country) Wowl Margaret	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether accidental, Suicidal, or Hosticidal.
13 BIRTHPLACE OF MOTHER (State or country) World From	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place the death yrs. mos. ds. State yrs. mos. ds.
(Informant) Augustus Humbert (Address) Westminster Magnister	Where was disease contracted, if not at place of death? Former or usual residence. 19 place of Burial or Removal Date of Burial
Filed May 12, 1913 SUShmur REGISTRAR	New Markets Fred Co may 13, 1913 29 UN DERTAKER Mid, ADDRESS 105. M. S/cruen making ste
12 more blanks are needed, address State Registrar,	6 Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). . Grocery; (a) Foreman, (b) Automobile factory. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has been changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "PUERPEBAL peritonitie," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-"Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples: 01



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1 PLACE OF DEATH	6475	(SV)	STATE OF MA CERTIFICATE O
Village or Gity Zucon	Briege (No.		Register St; Ward
FULL NAME	emberto	n Wood	l
PERSONAL AND STATIS	STICAL PARTICULARS		MEDICAL CERTIFICATE OF
Male Whete	1	16 DATE OF	DEATH May (Monty) I HEREBY GERTIFY, That I
8 DATE OF BIRTH		(Year) San/	J 191 3, to m
7 AGE 8 / yrs. 6	9 11	LESS than and that deat	th occurred on the date stated OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or Particular kind of work	d Former		Tenile De
(b) General nature of industry, business, or establishment in which employed (or employer)			(Ouration)
9 BIRTHPLACE (State or country)	resland	Contribut (Secondar	ry)
10 NAME OF Thorn	ias Woo	(Signed)	(Duration) 2. JV.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	cory law		he Disease Causing Death, or, and the (1) Means of Injury; and that, or Homicidal.
of MOTHER Man	nory la	18 LENGTH OR RECENT At place of death	OF RESIDENCE (FOR HOSPITALS. r Residents) in the yrs fis. State
(Informant) 2005. MA	ry Haul	Where was dise if not et place of Former or usual residence	of death?
(Address) Lucion &	Bridge M	rino	to beinelery
Filed May 5, 1913		20 UNDERT	Shriver 2
11 more blanks are no	eeded, address State Reg	lstrar, 6 E. Franklin St.	, Balto., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No...

St;Ward)

[If death occurred in a hospital or Institution, give its NAME Instead of sfreef and number.]

	E OF DEATH
16 DATE OF DEATH Ma	
17 I HEREBY CERTIFY, T	at I attended deceased fr
Jan. 5, 1913, to	may 3 191.
hat I last saw h Mallve on	maky 3 ,191.
and that death occurred on the date st	ated above, at 9 9.
The CAUSE OF DEATH * was as follow	Vs:
	· _N ······
Serile L	Ti Cay,
(Duration)	vrsmos
	Ji 3 III 93
(Secondary)	***************************************
(Duration))yrşmos
(Cignod)	N. Tenal "
	H. Legg, M.
May 3 , 1913 (Address) Us	un Stridage
	un Stridage
May 3 , 1913 (Address) La *State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	or, in deaths from Young, and (2) whether Accress
May 3 , 1913 (Address) Us	or, in deaths from Violen and (2) whether Accross
May 3, 1913 (Address) May state the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITOR RECENT RESIDENTS) At place in the contract of the contrac	or, in deaths from Violen and (2) whether Accross
May 3, 1913 (Address) May State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITOR RECENT RESIDENTS) At place in 10 death	or, in deaths from Violen and (2) whether Accross
May 3, 1913 (Address) May state the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITOR RECENT RESIDENTS) At place in the contract of the contrac	or, in deaths from Violen and (2) whether Accross
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May 3 , 1913 (Address)	or, in deaths from Violen and (2) whether Accross fals. Institutions, Transien the pie yrs
May 3 , 1913 (Address)	or, in deaths from Violen and (2) whether Accross fals. Institutions, Transien the pie yrs
May 3 , 1913 (Address) May state the DISEASE CAUSING DEATH, CAUSES, State (1) MEANS OF INJURY TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPIT OR RECENT RESIDENTS) At place in 10 of death yrs. mos, st. St. Where was disease contracted, if not et place of death? Former or usual residence.	or, in deaths from Violen and (2) whether Accross rale. Institutions, Transien the pie yrs

[Approved by U. S. Census and American Public Health
Association.]

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ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably mia," "PUERPERAL peritonitis," etc. childbirth or miscurriage, as "Puerperal scptlchaemus," "Oid Age," "Shock," "Uraemia," "Weakness," LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart alsease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg. oma. Sarcoma. etc., of The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exbaustion," (Recommendations on statement of (name origin; "Candeath), 29 State cause for Examples:

